



IFW

2128

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/016661
Filing Date	10/29/2001
First Named Inventor	Remis Balaniuk
Art Unit	2128
Examiner Name	GEBRESILASSIE, KIBROM K
Attorney Docket Number	S00-226/US

ENCLOSURES (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input checked="" type="checkbox"/> Drawings | <input type="checkbox"/> After Allowance Comm. to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related papers | <input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Comm. to TC
(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/Declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Other (Specified below) |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Doc(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts/
Incomplete Application | Other:

_____ | |
| <input type="checkbox"/> Reply to Missing Parts
under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

FIRM NAME	LUMEN INTELLECTUAL PROPERTY SERVICES, Inc.		
SIGNATURE			
PRINTED NAME	Miriam R Kaplan		
DATE	4/25/07	REGISTRATION NUMBER	55,315

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

SIGNATURE	
PRINTED NAME	Abigail Capulong
DATE	4/25/07